

STATE OF LOUISIANA
RECREATIONAL AND USED MOTOR VEHICLE COMMISSION

3132 VALLEY CREEK DRIVE
BATON ROUGE, LOUISIANA 70808
(225) 925-3870 FAX (225) 925-3869

www.lrumvc.louisiana.gov

FOR OFFICE USE ONLY

CURRENT LICENSE NO. _____

RECEIPT NO. _____

R# _____

LICENSE NO. _____

RD - _____

DATE ISSUED _____

APPLICATION FOR LICENSE AS A RENT WITH OPTION TO PURCHASE DEALER FOR YEAR 20 _____

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of a Rent with the Option to Purchase License.

OWNERSHIP NAME _____
(Name of Individual, Partnership, Corporation, LLC, or LLP)

DEALERSHIP NAME _____ PHONE (____) _____
(Name Under Which Business Will Be Conducted) **NO CELLULAR PHONES**

FAX (____) _____

OFFICE HOURS _____ DAYS _____

BUSINESS LOCATION _____ CITY _____ PARISH _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____
(If Different From Above)

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LOCATION

Indicate by (X) in the applicable block shown below for the type of business you are engaged in. If several types apply to your business, although it is one combined operation, each applicable block must be checked.

I (WE) ENGAGE IN THE FOLLOWING BUSINESS:

	USED		NEW	USED
AUTOMOBILES	<input type="checkbox"/>	BOATS	<input type="checkbox"/>	<input type="checkbox"/>
TRUCKS	<input type="checkbox"/>	BOAT MOTORS	<input type="checkbox"/>	<input type="checkbox"/>
BUSES-FIRETRUCKS-WRECKERS	<input type="checkbox"/>	TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>
		MOTORCYCLES	<input type="checkbox"/>	<input type="checkbox"/>
		ATV'S / OFF ROAD	<input type="checkbox"/>	<input type="checkbox"/>
		MOTORHOMES	<input type="checkbox"/>	<input type="checkbox"/>

OWNERSHIP INFORMATION:

NAME _____ HOME PHONE _____
(Individual, Managing Partner or President of Corporation)

CELLULAR PHONE _____

HOME ADDRESS _____ CITY _____ ZIP _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

U.S. CITIZEN? YES ☐ NO ☐ IF NOT A U.S. CITIZEN, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT AND BACK) AND DRIVER'S LICENSE.

YES ☐ NO ☐ 1. HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIME OTHER THAN A TRAFFIC VIOLATION IN THE PAST 10 YEARS? IF YES, STATE INDIVIDUAL'S NAME, OFFENSE, DATE OF OFFENSE AND WHERE. _____

☐ ☐ 2. HAS REPRESENTATIVE OF DEALERSHIP COMPLETED 4 HOUR EDUCATIONAL SEMINAR? IF YES, GIVE DATE _____. IF NO, IS REPRESENTATIVE SCHEDULED FOR EDUCATIONAL SEMINAR? GIVE DATE _____.

DATE THIS BUSINESS WAS ESTABLISHED _____

SEE OTHER SIDE

DEALERSHIP SIGNATURE _____ DATE _____
(Individual, Managing Partner, President of Corporation or Duly Authorized Representative)

ANY FALSE ANSWER IS A CRIMINAL OFFENSE SUBJECT TO A FINE NOT TO EXCEED \$5,000.00 OR IMPRISONMENT NOT TO EXCEED 4 YEARS OR BOTH.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE/COMMISSION STAFF _____

ATTACH PHOTOS AS REQUIRED AND APPLICABLE.
ATTACH CHECK TO COVER \$200.00 FOR RENT WITH OPTION TO PURCHASE LICENSE, \$25.00 FOR EACH SALESMAN.
ATTACH CHECK FOR \$35.00 TO COVER CRIMINAL RECORD CHECK, IF APPLICABLE.
MAKE CHECK PAYABLE TO: LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.
MAIL COMPLETED FORM, SALESMAN APPLICATION(S), FEES AND ATTACHMENTS TO THE ADDRESS LISTED ON THE FRONT OF THIS APPLICATION.

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.